

## HKSAN ASM Abstracts

**The Impact of 3 Shifts Hemodialysis in a Renal Center**

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**Background and Methods:** To evaluate the effectiveness of 3 shifts hemodialysis (HD) in a renal center with no additional HD stations required. The service hours were extended in order to provide 3 shifts HD with one station. Twenty-five patients were selected with  $Kt/V < 1.7$  (HD 2 times/week,  $n = 14$ ) or  $Kt/V > 1.1$  (HD 3 times/week,  $n = 11$ ). Selected patients were put on 4-hour HD sessions 3 times per week. Trends in hemoglobin, serum phosphorus levels, adequacy of dialysis and patients' levels of satisfaction were assessed in the third and sixth months. The paired samples  $t$  test was applied. **Results:** Twenty-seven HD patients (male:female, 9:16) were assessed; mean  $\pm$  SD age was  $59.16 \pm 11.48$  years (range, 35–74). The serum phosphorus level was significantly improved in the third ( $p = 0.01$ ) and sixth ( $p < 0.0001$ ) months. The level of patients' satisfaction was significantly improved in the sixth month ( $p = 0.001$ ). The adequacy of dialysis was significantly improved in the third month (96%  $Kt/V \geq 1.1$ ,  $n = 23$ ) and sixth month (96%  $Kt/V \geq 1.1$ ,  $n = 24$ ).

Measurement	Baseline Mean $\pm$ SD	Third month Mean $\pm$ SD	$p$	Sixth month Mean $\pm$ SD	$p$
Hemoglobin	$8.34 \pm 1.23$	$8.72 \pm 1.40$	NS	$8.66 \pm 1.54$	NS
Serum phosphorus	$2.45 \pm 0.67$	$2.10 \pm 0.62$	0.01	$1.95 \pm 0.54$	$< 0.001$
Satisfaction	$1.60 \pm 0.58$	$1.96 \pm 0.68$	NS	$2.80 \pm 0.40$	$< 0.001$
Adequacy of dialysis achieved	44%	92%		96%	

**Conclusion:** The extended service for providing 3 shifts HD is effective in improving serum phosphorus level and adequacy of dialysis. Patients had adapted to receiving 3 sessions of HD per week after 6 months.

**Nursing Experience in Training Patients for CAPD**

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**Background:** ESRD patients are empowered to exercise self-health management with CAPD at home for optimal clinical outcomes. Training is conducted in the locality on a one nurse to one patient basis 3 hours a day. We aimed to (1) explore a time-goal for the trainer-nurse and the learner-patient to accomplish training, so as to (2) establish an effective patient training strategy for (3) effective patient self-health management. **Methods:** All patients recruited for home CAPD between 1 January and 1 May 2005 were studied. Demographic data, physiologic, physical and psychologic status and the time needed to accomplish teaching and outcomes were tracked and compared. **Results:** The mean time was  $15 \pm 6.91$  hours (range, 6–42 hours). Nineteen patient-selves and the 22 helpers completed training in  $15 \pm 5$  hours and  $15 \pm 9$  hours.

Patients (N = 41)	Factors	Statistical correlation	$p$ (1)	$p$ (2)
M = 21	Gender	NS	NS	NS
F = 20	Learner	NS	NS	NS
	Age	Significant	$< 0.0001$	$< 0.0001$
	Motivation	Significant	$< 0.0001$	$< 0.0001$
	Stresses	Significant	$< 0.0001$	$< 0.0001$
	Physical impairment	Significant	$< 0.0001$	$< 0.0001$
	RRF	Significant	$< 0.0001$	$< 0.0001$

**Conclusion:** Individual patients' psychosocial and physiologic conditions need to be considered while establishing a time frame for effective patient training.

**Telecom Nursing Support Service for ESRD Patients on Renal Replacement Therapy**

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**Background:** ESRD patients are empowered for self-health management within the residential setting. Telecom Nursing Service is operated by specialty nurses who aim to (1) enhance continuous health professionals support, (2) prompt detection of dialysis related complications, (3) enforce disease management relevant knowledge, and (4) strategically manage for optimal clinical outcomes. The aim of this study was to identify (1) the diversity of support needed by patients, (2) the practicability of the service, and (3) the adjustment needs in planning of the service. **Methods:** A survey on the new telephone consultations initiated by the patients or their carers was conducted for 16 working days. The data were analyzed to identify common patient problems and nursing actions needed. **Results:** Fifty-two (13% of total) CAPD and five (1.7% of total) post-transplant population new consultations were registered. Seventeen (33%) reported infective and 31 (60%) non-infective complications. Others sought advice for problem-solving. Thirty-five (58%) needed telephone follow-ups for dialysis management advice and progress monitoring. Hospitalization was initiated in 11 (20%). **Conclusion:** Telecom nursing service provides professional consultations and appropriate coordination for patients in the community setting and has been utilized most frequently by CAPD patients. Experienced and committed nurses are integral to triage problems in addition to the availability of a delegated telephone hotline.

**Positive and Negative Impact of ESRD on a Person Receiving Peritoneal Dialysis or Renal Transplantation**

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**Background:** The objective of this study was to understand the impact of end-stage renal disease (ESRD) on local renal patients receiving peritoneal dialysis (PD) or renal transplantation by a phenomenological approach. **Methods:** Participants were helped to describe their living experience with a series of open-ended questions. Purposive sampling was used to recruit dialysis patients of different genders, age, and living-related, cadaveric and kidney transplant patients back from China. **Results:** A total of 13 local Chinese patients with ESRD, 7 kidney-transplanted and 6 PD patients were analyzed. Quality of life measures included objective dimensions such as material wealth, health and employment, as well as subjective dimensions such as emotional wellness, hope and spiritual wellness. Yet, there could have been a different level of quality of life because of the different weightings given to each dimension at that particular time. Study participants had to incorporate the multiple regimens into everyday life, venture into improvements, envy on the potential risk, endure the limitations, and break through their lingering doubts and emotional struggles. The improvements in health and physical function helped to offer hope and reinforced the worth of the efforts made. The most common coping strategies were positive thinking or redirection of focus, denial of that which were unavailable and active perusal of those which were available. The help-seeking process, particularly from nurses and peers, needs to be attended, both for the quality of support rendered and quantity of utilization. **Conclusion:** ESRD is a debilitating illness with significant limitations. Patients tried to overcome its manifestations and to resume their pre-illness roles.